



TUBERCULOSIS PROFILE



Ukraine is among the top-priority countries in Europe for improved tuberculosis control. In 2005, WHO called for redoubled efforts in Ukraine to scale up effective TB control using Directly Observed Therapy, Short-Course (DOTS); however, DOTS coverage remains very limited at 15 percent of the population. In November 2005, the Ministry of Health (MOH) issued an official regulation making DOTS the standard national protocol for TB treatment. Ukraine's estimated TB case rate of 101 cases per 100,000 people is the eighth highest in Europe and Eurasia. According to the *WHO Global TB Report 2006*, Ukraine had over 47,000 TB cases in 2004, almost a 10 percent increase from 2003. Of these, about 45 percent were cases of sputum smear-positive (SS+) TB.

Intensified measures are needed to stem Ukraine's rapidly escalating TB problem, which is exacerbated by one of the fastest-growing HIV/AIDS epidemics in the world and growing multidrug-resistant TB (MDR-TB). Both TB and HIV/AIDS are concentrated in the southern and eastern *oblasts* of the country. According to WHO, an estimated 10 to 15 percent of new TB patients have MDR-TB. TB-HIV co-infection is also a growing problem. Preliminary results of a TB-HIV co-infection survey in Donetsk *oblast* show that 16 percent of HIV-infected people also have TB, as do almost 19 percent of the HIV-infected prison population. Over 60 percent of HIV/AIDS deaths are attributable to TB. While outdated, ineffective, and costly TB prevention and treatment practices dating from Soviet times are still widely practiced, recent policy changes indicate a growing government commitment to improved TB treatment standards.

Country population	46,989,338
Estimated number of new TB cases	47,227
Estimated TB incidence (all cases per 100,000 pop.)	101
DOTS population coverage (%)	15
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)	45
DOTS case detection rate (new SS+) (%)	NA
DOTS treatment success rate in 2003 (new SS+) (%)	NA
Estimated adult TB cases HIV+ (%)	8.3
New multidrug-resistant TB cases (%)	10

Note: All data are for 2004 except where noted otherwise.
Source: Global Tuberculosis Control: WHO Report 2006.

USAID Approach and Key Activities

In 2003, USAID funded a three-year TB control program. USAID recently committed additional financial resources through 2008 to assist in DOTS expansion to five additional regions through the USAID global agreement for TB Country Support. This effort will expand DOTS coverage to approximately 40 percent of Ukraine's population. Between 2000 and 2005, USAID funds for TB programming in Ukraine averaged \$1.5 million per year, including \$3 million in 2005.

USAID's assistance includes the following activities and interventions:

- Facilitating the development of an appropriate legislative base in support of newly introduced TB control approaches and assisting the government with DOTS "expansion preparedness" to additional *oblasts*
- Designing, implementing, and building capacity to sustain quality control procedures for smear microscopy, culture, and drug sensitivity testing
- Introducing and institutionalizing methods to monitor program performance at all health service levels
- Implementing specific community mobilization strategies to increase the awareness and understanding of TB transmission, symptoms, treatment, and cure among the general public, as well as among specific populations at risk, and introducing culturally sensitive treatment support strategies for TB patients and their families
- Strengthening provider capacity to diagnose and treat TB based on DOTS, including improving systems to support appropriate referral of TB cases and enhancing knowledge of and response to TB-HIV/AIDS interaction, with emphasis on appropriate counseling and client-provider interaction with emerging populations at risk
- Developing a drug supply management system
- Expanding activities to the detention and penitentiary systems

USAID Program Achievements

Between 2000 and 2004, USAID supported, in collaboration with national health authorities and WHO, a DOTS pilot in Donetsk *oblast*, demonstrating the feasibility of a DOTS approach in Ukraine to TB providers unwilling to change outdated practices. DOTS coverage in Donetsk (10 percent of the country) is now 100 percent, including the penal system, and significant milestones have been achieved in TB case management.

USAID's assistance has contributed to the following improvements in TB control in Ukraine:

- Provided high-profile support to the MOH in developing associated regulatory documents for TB surveillance and laboratory practices as well as the first DOTS-compliant concept paper to further frame a new national TB control program for 2007–2012 and prompt TB system reform nationwide
- Improved case detection rates from 52 to 62 percent in Donetsk *oblast* and maintained cure rates of 68 percent, resulting in USAID transferring management of DOTS-based TB control activities to the regional administration to ensure sustainability
- Supported development of a TB program technical protocol that included effective DOTS-based approaches in diagnosis, treatment, and surveillance, for pilot implementation in Ukraine's Donetsk region and current expansion to five additional high-risk regions
- Trained nearly 4,000 specialists and 1,062 general practitioners in internationally recognized best practices for TB prevention and control nationwide
- Improved health information, education, and public awareness campaigns that more than doubled self-reporting of TB cases to medical facilities
- Continued to provide technical assistance for improving sputum microscopy results, which have become much more accurate, achieving an overall tenfold improvement

Partnerships

Partnerships are an important element in combating TB in Ukraine. In addition to USAID, other key partners include WHO, the KNCV Tuberculosis Foundation, the Program for Appropriate Technology in Health, the International Federation of Red Cross and Crescent Societies, the U.S. Centers for Disease Control and Prevention, Rotary International, the World Bank, and the European Union.